

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/786077	
CLAIMS										
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND..	DEP.	IND..	DEP.	IND..	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
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40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	1				TOTAL IND.					
TOTAL DEP.	1				TOTAL DEP.					
TOTAL CLAIMS	1				TOTAL CLAIMS					